

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 ■ Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Shawn Heard, #43086  
 Ohio Reformatory for Women  
 1879 Collins Ave.  
 Marysville, OH 43040

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☐ Agent  
☒ *SKH* ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery  
 SKH 11-6-03

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number 7003 1680 0000 0330 4993  
 (Transfer from s)

PS Form 3811, August 2001 Domestic Return Receipt 105596-02-M-1540

01-556124

AY